



APPLICATION FOR DIRECT DEPOSIT

State Form 47144 (R6 / 8-10)
Approved by State Board of Accounts, 2010

INDIANA STATE TEACHERS' RETIREMENT FUND

P. O. Box 7037
Indianapolis, IN 46207-7037
Telephone: (888) 286-3544 (Toll-free)
Fax: (800) 386-5127
Web site: www.in.gov/trf

PRIVACY NOTICE

Your Social Security number is being requested by this agency pursuant to the requirements of IRS Code 3405. This disclosure is mandatory and this form cannot be processed without this information

A trust is deemed to be in effect by the operation of this instrument in the periodic transfer of funds by the payor to the financial organization acting as trustee for the lifetime benefit of the payee to retain and to revert to the payor the funds transferred after the death of the payee. This instrument is governed by the Indiana law and enforceable under the jurisdiction of the State of Indiana.

INSTRUCTIONS

This form may be completed online or printed and completed with black or blue ink only. A direct deposit may be implemented or changed through TRF Interactive available on the TRF Web site located at www.in.gov/trf.

AUTHORIZATION

Instead of receiving periodic recurring benefit payments by check from the Indiana State Teachers' Retirement Fund, I (*payee*) authorize and request TRF to direct the net amount of such recurring payments to my account at the financial organization (*Bank*) designated below, and I authorize said Bank to accept and to credit the payments to my account. I acknowledge that the transfer of the payments by TRF to the Bank be deemed complete satisfaction and discharge of the obligation of TRF due me. This authorization is not an assignment of my right to receive payment and revokes all prior payment direction notifications applicable to these payments. I will comply with the Bank's procedures providing safeguards against withdrawals of deposits after my death. If any deposits are made subsequent to my death to which I am not entitled, I hereby authorize and direct said Bank on behalf of my estate to refund said deposits to TRF and to charge same to my account.

Full name of payee (<i>printed</i>)		Social Security number	PID number
Address		Telephone number with area code	
City		State	ZIP Code
Are you receiving more than one monthly benefit check from TRF? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes , do you want all TRF checks deposited into the same account? <input type="checkbox"/> Yes <input type="checkbox"/> No		If No , please complete another <i>Application for Direct Deposit</i> and submit it to TRF.

ACCOUNT INFORMATION

Please complete the following information and attach a voided check.

Routing number (ABA number)		Account number									
<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>											
Type of account <input type="checkbox"/> Savings <input type="checkbox"/> Checking	List all names on the account										
Financial institution											
Address		Telephone number with area code									
City		State	ZIP Code								
Signature of payee		Date signed (<i>mm/dd/yyyy</i>)									

IC 5-10.2-4-1.2 and 1.4, 550 IAC 2-2-2.2